

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL bob.fagan@msdh.state.ms.us	SUBMIT DATE 1/11/13	Name or number of rule(s): Ch. 1 Minimum Standards of Operation for Hospice, Ch. 43 Minimum Standards of Operation for Birthing Centers, Ch. 44 Minimum Standards of Operation for Abortion Facilities, & Ch. 45 Minimum Standards for Institutions for the Aged or Infirm		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule Amendments to: Chapter 1 - Modifies standard to include physician assistant as one who is currently licensed as such in the state of Mississippi and is performing duties in accordance with the Mississippi Physician Assistants Act. Chapter 43 - Modifies standards to include replacement of Mississippi Health Care Commission with Mississippi State Department of Health; revised a rule to reflect the current renewal fee of Birthing Centers to \$300.00 as allowed in statute. Chapter 44 - Modifies standard to include the term physician shall mean a person fully licensed by the Mississippi State Board of Medical Licensure to practice medicine and surgery in Mississippi under provisions contained in current state statutes, including but not limited to, Miss. Code Annotated §41-75-1. Chapter 45 - Modifies standard to include licensed entity of Physician Assistant to be the Mississippi Board of Medical Licensure.

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3.1, 43.1.1, 43.2.1, 43.2.3, 43.2.4, 43.3.3, 43.4.1, 43.4.2, 43.4.3, 43.4.5, 43.4.8, 43.5.1, 43.5.2, 43.7.3, 43.29.1, 43.29.3, 43.29.4, 43.29.5, 43.29.7, 43.29.8; 44.1.1; 45.2.22

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on _____ Date: _____ Time: _____ Place: _____
☐ Presently, an oral proceeding is not scheduled on this rule.


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

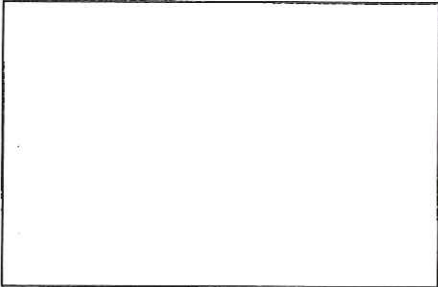
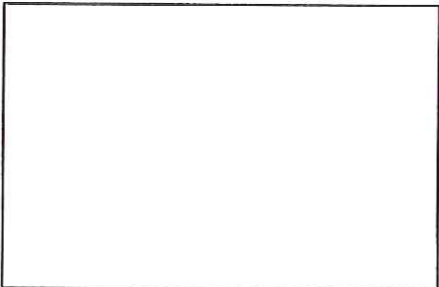

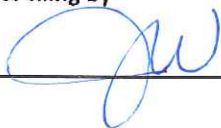
ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: 11/30/2012 Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by 

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.